	FINANCE REPORT			and the second s
Is This Report an Amendment: 💆 Yes	□ No		:	
Instructions for completing schedules are on the back	of each schedule.			
COMMITTEE IDENTIFICATION				
Name of Committee				
Friends of Sylvia Or	11 L VEICE		OF	FICE USE ONLY
2009 5 8th St Apt A				
City, State and Zip Code Milwaukel 1 WI 53204				
Please check if address is different than previously reported, and	complete the Campaign Reg	istration State	ment in the b	pack of this form.
NAME OF REPORT				
☐ January Continuing ☐ Pre-Primary ☐ July Continuing <u>2020</u> ☐ September Continuing ☐ Pre-Election ☐ Pre-Election	Spring I	Fall 🗀 S	Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND			-	
DISBURSEMENTS	Column A This Period	Column B Calendar		
1. RECEIPTS		Year-To	o-Date	
1A. Contributions (Including Loans) from Individuals	s 6	s 142	7.29	
IB. Contributions from Committees (Transfers-In)	s O	s 50	50	
1C. Other Income and Commercial Loans	s 6	\$ 6	>	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	s 0	s c	>	
2. DISBURSEMENTS				Ī
2A. Gross Expenditures	s 20	\$ 2	0	l H
2B. Contributions to Committees (Transfers-Out)	\$ 1,000		00	Ň
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1,020	s 1,020		3
CASH SUMMARY	, ,			7908:49
Cash Balance Beginning of Report	\$ 1171.04			349
Total Receipts	s O			(X)
Subtotal	\$ 1171.04			(3)
Total Disbursements	\$ 1020.00			
CASH BALANCE END OF REPORT	\$ 151.04			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	s 0			
LOANS (Balance at the Close of This Period-3B)	s 17.08]		
I certify that I have examined this report and to the best of m	y knowledge and belief it i	is true, correc	t and compl	lete.
Type or Print Name of Candidate or Treasurer Sulvia Ve (ez Sign	nature of Candidate of Treasurer		Date: 7	16/2021

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.



DISBURSEMENTS Gross Expenditures

Page $\underline{\int}$ of $\underline{\int}$

Complete Comm		Ve6 2	
	completing schedules are on the back of each schedule.		
Dale	Full Name, Malling Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
3/3/202	Check if: [Li In-Kind Offsel , WI 53708	Monthly Bunk Fee	5
4/31/20	a s Bull	Monthly Bank	5
5/31/1200	Summit Brake Check if: [1] In-Kind Offiset	Monthly Bank	5
6/31/2020	SUM M. + BanilC Check II: 1 In-Kind Offsel	Monthly Bank	5
	Check if: 辽 in-Kind Offset		
	Check if: L In-Kind Offset		
	Check if: L In-Kind Offset Check if: L In-Kind Offset		
	, 20		
	\$		
	\$		
	s 20		

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page ______ of ______

Complete Comm			
Frience	Is of Sylvia Ortiz-Velez		
Instructions for	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
6/15/2020	Citizens for Sylvia Ortiz-Velez	1,000	1,000
	Check if: 🗵 In-Kind 🗔 Loan		***************************************
	Check if: In-Kind Loan		-
	Check if: 🗍 In-Kind 🗍 Loan		1117148444
	Check if: In-Kind Loan		
	Check if: ☐ In-Kind ☐ Loan		
			, <u></u>
	Check if: In-Kind Loan		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Check if: 🗍 In-Kind 🗍 Loan		
	Check if: In-Kind Loan		
	Check if: In-Kind Loan		
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	s 1,000 s 1,000	
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	s 1,000	

SCHEDULE 3-B

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Page ____ of ____

Complete Con	nmittee Name						
<u> </u>	ends of Salina		<u>.</u>				
Instructions i	or completing schedules are on the back of each	schodulo					
	Full Name, Mailing Address and 7to Code of Loan So	11700	Outstanding	1	Cumulative		
-	Sylvia Velez 517 W Madisor Milw, wt 53		Obligations		Payments	Outstanding Obligations	
Date	577 13 13 15 25	, St	Beginning of This Period	New Loans This ⊇eriod	This Period	End of This Period	
3,19,20	1 SII W Mackison	, ,		1,00			
L	1 Mi W. 15 3	204	17.08		C	117 08	
List All Endors	ers of Guarantors (if eny)	<u> </u>	111100			<u> </u>	
Full Name, Mail	iling Address and Zip Code						
of Guarantor	iiing Address and Zip Code	Occupation					
		Amount Guarante					
		1	eo Obisistioling				
ļ		S					
Full Name Mail	ling Address and Zip Code						
of Guarantor	and Address and Zip Code	Occupation					
'		Amount Guarante	ed Outstanding	<u></u>			
		s				ļ	
		*					
	F./II.M	ļ	·			 	
	Full Name, Mailing Address and Zip Code of Loan Sou	Irce	Outstanding		Cumulative	Outstanding	
i			Obligations Beginning of This	New Loans This	Payments This Period	Obligations End of This Period	
Date			Period	Period			
1 1							
List Att Endorse	rs or Guarantors (if any)						
Full Name, Malli of Guarantor	ing Address and Zip Code	Occupation	···	· · ·			
		Amount Guarante	or Outernation			•	
		\$	eo Odisiending				
		3					
Full Name, Mails	ing Address and Zip Code	Occupation	Occupation				
or Gostanioi							
		Amount Guarante	ed Outstanding				
		\$					
			· · · · · · · · · · · · · · · · · · ·		·		
	Full Name, Mailing Address and Zip Code of Loan Soc	ırce	Outstanding Obligations		Cumulative Payments	Outstanding	
			Beginning of This	New Loans This	This Period	Obligations End of This Period	
Date			Period	Period			
1 1							
List Ali Endorsei	rs or Guarantons (if any)		4			<u></u>	
	· "						
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation					
or Guarantor							
		Amount Guarante	ed Outstanding				
		5					
Full Name, Mail	ing Address and Zip Code	Occupation					
of Guarantor						•	
		Amount Guarente	ed Outstanding				
s							
			SUBTOTAL C	OUTSTANDING LOA	NS THIS PAGE	\$	
				TOTAL OUTETA	MINING LOSSIC	_	
				TOTAL OUTSTA	MADING LUANS	\$	